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Acute Coronary Syndromes

LONG-TERM SAFETY OF CONCOMITANT USE OF PROTON PUMP INHIBITORS AND H2 RECEPTOR BLOCKERS WITH THIENOPYRIDINES IN THE SETTING OF CORONARY STENTING

Poster Contributions
Hall C
Monday, March 31, 2014, 9:45 a.m.-10:30 a.m.

Session Title: Contemporary Perspectives on Anti Platelet Pharmacodynamics and Pharmacokinetics
Abstract Category: 3. Acute Coronary Syndromes: Therapy
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Background: Despite divergent findings, current evidence suggests that concomitant proton pump inhibitor (PPI) use in patients on thienopyridines after stenting leads to increased rates of recurrent ACS. Little is known about the safety and efficacy of other anti-acid medications such as H2 receptor blockers (H2B) in this setting.

Methods: We analyzed data from consecutive patients who underwent coronary stenting at our tertiary academic medical center over a 31-month period. All patients were treated with thienopyridine agents. They were divided into 3 groups based upon concomitant use of: i) no anti-acid medication (NAA); ii) PPI; and iii) H2B.

Results: Of a total of 1592 eligible patients (mean age 63.8 yrs, median of 2 stents), 441 were discharged on concomitant PPI and 136 on H2B. Readmission rate at 12 months was significantly higher in patients on PPI (32.2%) compared with NAA group (25.9%) (p=0.01; Figure). However, readmission rate in H2B group (26.5%) was similar to NAA group. Further, ACS related readmissions were significantly higher in PPI group compared with NAA at 12 months; while this difference was not significant in H2B vs. NAA groups (Fig). GI bleed-related readmissions were not significantly different among 3 groups.

Conclusions: Concomitant use of PPI and thieonopyridines after stenting increases readmission rate and recurrent ACS episodes at 12 months, while H2B does not. No differences in GI bleed or mortality strongly support the use of H2B in preference to PPI in these patients.